

**Maternal Child Health QI Workgroup  
June 10, 2013 – James B. Henry Center  
Meeting Summary**

Attendance: Representatives from Medicaid Health Plans (MHP), Michigan Department of Community Health (MDCH), Local Health Departments (LHD), and the Institute for Health Policy (IHP) (formerly Institute for Health Care Studies) were in attendance in person and via conference call.

<b>Topic</b>	<b>Discussion</b>
<b>Welcome and Background Information</b>	Suzette Burkitt-Wesolek, Project Manager QI Programs, Institute for Health Policy (IHP), called the meeting to order. Suzette then proceeded to provide a brief history of these meetings and their purpose.
<b>CSHCS and Medicaid Updates</b>	<p><b>Kathy Stiffler</b> presented the following Medicaid updates.</p> <p>There are major changes regarding MICHild. Effective 10/1/13, Blue Cross Blue Shield (BCBS) will no longer have a MICHild contract due to changes at BCBS. There are approximately 38,000 children enrolled in MICHild with most of them enrolled in BCBS. Currently 8 MHP's accept a limited number of MICHild beneficiaries, so the health plans and DCH are working fast to obtain approvals for these plans to accept additional MICHild enrollees as well working to add health plans to accept these kids. CMS requires that beneficiaries have a choice of 2 or more health plans in their county unless a county is waived for certain reasons. Currently for MICHild, 7 of 83 counties have two or more health plans that they can pick from but these are the larger counties. MDCH is awaiting approval from CMS to allow the UP to offer only one plan for MICHild since it is a very rural area. There are 1300 kids in the entire UP, so UPHP will be able to handle this.</p> <p>Contracts will decrease from commercial rates to Medicaid FFS rates for providers. It is difficult to convince providers to contract with this rate. Lots of kids will have to change providers and have inconsistency in care. Auto assignment will take place upon enrollment rather than 90 days, but the client will still be able to change within 90 days. At this time, the benefit levels will not change. Dental coverage will be provided by Delta Dental and Golden will be the vision coverage.</p> <p>Another meeting will be held with hospitals and CSHCS on June 17<sup>th</sup>. All hospitals and health plans will be attending.</p> <p><b>Lonnie Barnett</b> presented the following CSHCS updates.</p> <p>There is an annual regional meeting for LHD's throughout the state. Each of the LHD attends at least one meeting per year. The first meeting was held in Harrison and at that meeting there was a request for a greater delineation between the roles of LHD and MHP. June 20<sup>th</sup> is the next meeting to be held in the UP.</p>

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<b>CSHCS and Medicaid Updates (cont'd)</b>	<p>There is a CSHCS Medicaid Managed Care stakeholder group that meets monthly. This group was established last fall to bring stakeholders together to discuss best practices. They have had two meetings now. Overall the discussion has been quite positive.</p> <p>There is a new HRSA grant opportunity regarding autism. CSHCS is sending in a proposal. They are working with the Michigan Autism Council et.al regarding this grant. It is due today. If the proposal is accepted the grant starts September 1, 2013.</p> <p>There is another HRSA grant focused on Epilepsy. It is a follow-up to a previous grant received. If successful this will provide additional 3 year funding for the grant.</p>
<b>Transportation</b>	<p>The Managed Care division is looking closely at updating the contract language/requirements for transportation.</p> <p>Transportation problems discussed were:</p> <p>Some kids are waiting 5 hours after appointment to be picked up.</p> <p>The 5 day time frame is hard for some people.</p> <p>Clients are put on hold for very long time periods – wasting minutes on their phones.</p>
<b>EZ Link</b>	<p>Kathy Stiffler spoke of the need for bi-directional exchange to provide an efficient and compliant way to transfer information. Health Plans have been trained and will receive their ID soon. This will also allow information on eligibility to be sent to both the Local Health Departments and Health Plans at the same time.</p>
<b>Renewal Process</b>	<p>Lonnie Barnett discussed the Renewal Process – the LHDs will continue with CSHCS renewals. A letter is sent to a family approximately 3 months before coverage ends. The letter contains a release form for the specialist to send back in to CSHCS. If the medical is not due for other two or three years, the family doesn't receive a letter of renewal. The LHDs can run a report from the MDCH database to find a list of clients due for renewal.</p> <p>The MHPs receive reports of coverage end dates and medical review dates by month. MHPs will be determining if the patient is still eligible for coverage. It is recommended the LHDs make the first contact</p>

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<b>Renewal Process Cont'd</b>	<p>with MHPs to determine what is being done and if the client eligible.</p> <p>LHD's have medical reports so they should continue to initiate the renewal process. MHP's do not have access to medical reports.</p> <p>There was a concern that the Client Eligibility Notice made the family think they have access to the provider, however, the provider may not be approved by the MHP. Discussion followed.</p>
<b>Discussion of Issues from the March Meeting</b>	<p>Global System problems continue regarding children in CSHCS showing up as: Medicaid only; other insurance; or not even in the system. Discussion followed. MI Enrolls was also discussed.</p> <p>Care Transitions (referrals) No comments.</p> <p>Prior Authorizations (care and tx): Kent County voiced concern regarding DME. Families don't always know what is available or what will work the best for them. A better way is needed to address this issue. A DME fair or meeting with DME providers was suggested.</p> <p>Avoiding duplication of services: MDCH and Schools have been in discussion determining services for children based on medical need versus educational needs. The health plan contracts state very clearly to provide treatment for medical needs only. Denial for services by the health plans was discussed. Plans are also not responsible for developmental goals. If there is a dispute for services, the family should contact the health plans themselves.</p> <p>Due to the length of the meeting, new issues were not addressed. Attendees were encouraged to either write them on the board, if attending in person, e-mail Suzette your questions, or add them to the Survey Monkey being sent out.</p>
<b>Next Meetings</b>	<p>The next meetings for the Maternal Child Health Workgroup will be at the James B. Henry Center in Lansing, MI.</p> <ul style="list-style-type: none"> <li>Monday, September 9, 2013</li> </ul>